

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **H33963** (0)

1. Corporation Name

LAKE CONSTRUCTION OF LAKE LAND, INC.



Principal Place of Business

**5015 S FLORIDA AVE., STE. 200
LAKE LAND FL 33813
US**

Mailing Address

**P.O. BOX 5252
LAKE LAND FL 32807
US**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

g. Name and Address of Current Registered Agent

**MC FARLANE, PETER A., PA
5015 S FLORIDA AVE
SUITE 215
LAKE LAND FL 33813**

3. Date Incorporated or Qualified
12/12/1984

3a. Date of Last Report
05/01/1995

4. FEI Number
59-2615352

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent or director of corporation

Date of Registered Agent's signature (to be completed when not filing)

DATE

12. OFFICERS AND DIRECTORS

TITLE **VP**
NAME **MAXWELL, LAWRENCE W.**
STREET ADDRESS **5015 S FLORIDA AVE #200**
CITY-ST-ZIP **LAKE LAND FL**

☐ DELETE

TITLE **PD**
NAME **MOATS, RAYMOND**
STREET ADDRESS **5015 S FLORIDA AVE #200**
CITY-ST-ZIP **LAKE LAND FL**

☐ DELETE

TITLE **T**
NAME **KELLEY, KIM**
STREET ADDRESS **5015 S FLORIDA AVE #200**
CITY-ST-ZIP **LAKE LAND FL**

☐ DELETE

TITLE **S**
NAME **ANTLE, SALLY**
STREET ADDRESS **5015 S FLORIDA AVE #200**
CITY-ST-ZIP **LAKE LAND FL**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 or in an attachment to this report.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILE

DATE TIME PHONE #

CR2E034 (12/95)